

In the United States Patent and Trademark Office

Appn. Number:

Appn. Filed: February 3, 2004

Applicant(s): Ellison, Abram

Examiner: Chau Nguyen / 2831

Mailed: 2004 February 3

At: Detroit, Mi.


Declaration In Support of Accompanying Petition to Make Special

Reason IV— Applicant's Age Is 65 or Greater;

In support of the accompanying Petition to Make Special, applicant declares as follows: \*

1. I am <sup>71</sup>~~68~~ years of age born March 11, 1932

Very respectfully,



Abram Ellison

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
1/4/2002	1/5/2003	1/4/2003

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed belowPlace Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Abram Ellison				
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Address					
City	Detroit	State	Mi	Zip	48235
Country	USA	Telephone	(313) 345-5359	Fax	(313) 345-5359

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Abram Arnold	Ellison

Inventor's Signature	<i>Abram Ellison</i>				Date	2/3/2004	
Residence: City	Detroit	State	Mi.	Country	USA	Citizenship	USA
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Post Office Address							
City	Detroit	State	Mi.	Zip	48235	Country	USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR**

Docket Number (Optional)

Abram Ellison

Applicant, Patentee, or Identifier: \_\_\_\_\_

Application or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

Title: PERPETUAL MOTION ENERGY

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☐ the specification filed herewith with title as listed above.  
☐ the application identified above.  
☒ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ No such person, concern, or organization exists.  
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Abram Ellison

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Abram Ellison  
Signature of inventor

\_\_\_\_\_  
Signature of inventor

\_\_\_\_\_  
Signature of inventor

2/3/2004

Date

Date

Date

**Burdur Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual. Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Administration, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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